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The Fortnightly  
**REVIEW**  
OF THE CHICAGO DENTAL SOCIETY

*December 15, 1947*

Volume 11 • Number 12

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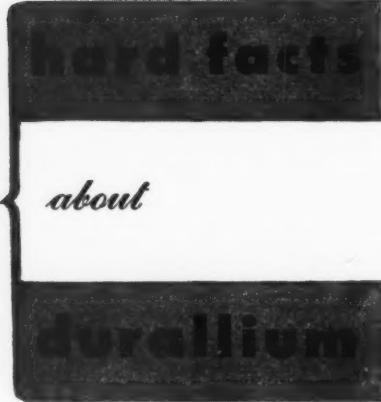
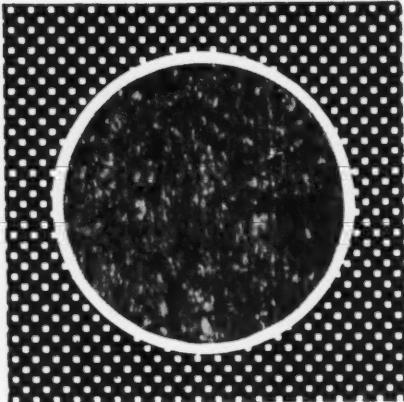
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# THE CALENDAR

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**January 6:** KENWOOD-HYDE PARK BRANCH: Regular meeting at Broadview, 5540 Hyde Park Boulevard, starting with dinner at 7 p.m. Wayne B. Slaughter, Professor of Plastic and Maxillo-facial Surgery at Loyola University School of Dentistry, will be the essayist, and the clinicians will be Joseph Eisenstaedt, M. W. Case and Earl Harris.

**January 13:** NORTHWEST BRANCH: The regular dinner meeting will be held at Stella's Restaurant, 3208 N. Kostner Avenue.

**January 13:** WEST SIDE BRANCH: The first meeting of the New Year will be a general discussion of the VA Dental Program. The speakers will be Allen Gruebbel, Francis L. Gorman and associates, and R. K. Baxter. Edward J. Ryan will act as moderator.

**January 17:** NORTH SIDE: Ladies' Night at the Edgewater Beach Hotel.

# *The Fortnightly* REVIEW *of*

THE CHICAGO DENTAL SOCIETY

December 15, 1947

Volume 14 • Number 12

## Midwinter Meeting Reporter Points With Pride

Limited Attendance Clinics Get Special Mention

Inasmuch as imitation is the sincerest form of flattery, the Chicago Dental Society can take pride in being one of the first organizations to institute the limited attendance clinics at its Midwinter Meeting. From a humble beginning of just a few clinics, the idea has taken hold until at present a visitor who doesn't take in at least two or three of them feels that he has been cheated. And well he may feel cheated, unless he gets his application in early. Anyone who waits until the first day of the meeting to make his selections will find that his favorite clinic has been sold out for days. All this leads up to the fact that the coming Midwinter Meeting will present more limited attendance clinics than ever before (last year there were forty-one), and they will be more diverse in scope.

### INCREASED FEE

Because the limited attendance clinic is so popular, it will be necessary to charge a fee of \$2.00 at the 1948 meeting in order to meet increased costs. Have you ever wondered why any fee at all is necessary in order to put these clinics on? In the first place, registration is necessary in order to keep the clinic limited to the small, compact group for which it was originally intended. In the second place, the hotel charges have

gone up by leaps and bounds. In the third place, the Central Office has to engage extra help in order to send out invitations to clinicians; to follow up with invitations to other clinicians to take the places of those who decline; to answer innumerable queries from dentists all over the country; and to send out tickets of admittance to the various clinics. Add to this the expenses of the clinicians (railroad fare to and from their places of residence, hotel rooms and meals, and an honorarium) and the figures grow to astronomical proportions. So, as happens everywhere in this fair land of ours, the ultimate consumer pays the freight.

### THE CLINICIANS

As befitting its station as a leader in the dental world, the Chicago Dental Society also takes pride in presenting the best clinicians obtainable. The sort of spectator that a limited attendance clinic attracts is all eyes and ears. Consequently the clinician is disposed to put on a stellar performance. The array of talent lined up for the 1948 meeting speaks for itself. Since publishing the last list on November 15, many more have sent in acceptances.

The subject of Crown and Bridge Prosthesis lends itself ideally to the limited attendance clinic approach, as

so much of it must be demonstrated in order to be understood. Among the additional clinicians in this field are: Dr. George E. Meyer, "Use of Hydro Colloids in Fixed and Removable Restorations"; Dr. E. R. Granger of New York, "Partial Dentures"; and Dr. R. V. Riemer, "Movement of Teeth to Facilitate the Placement of Crowns and Bridges."

The Operative Dentistry section has received an affirmation from Dr. Donald A. Keys of Lincoln, Nebraska, whose subject will be "Restorations with Gold Inlays."

#### **CHILDREN'S DENTISTRY**

With the present stimulation of interest in caries control, the handling of the child patient achieves new prominence. Dr. Charles A. Sweet of Oakland, California, will clinic on "Children's Dentistry for the General Practitioner," and Dr. Walter C. McBride of Detroit, on "Operative Technic for the Child Patient."

Periodontia will have as its exponents Dr. B. D. Friedman, "Patient Education in the Treatment of Periodontia"; Dr. John H. Greene of Philadelphia, "Diagnosis of Periodontal Disease"; and Dr. Walter J. Nock and associated study group of Chicago, "Periodontia."

For those who feel that they want an exposition of dentistry from another angle, "Clinical Photography as Applied to Dentistry" will be presented by Dr. Howard A. Hartman of Cleveland.

#### **ORAL SURGERY**

The subject of Oral Surgery will receive complete coverage, the additional clinicians being: Dr. Russell G. Boothe who will give a clinic on "Practical Procedures in Oral Surgery"; Dr. H. Newman Brownson of Hollywood, "Surgical Removal of Impacted Teeth"; and Dr. Leslie M. Fitzgerald of Dubuque, Iowa, "Oral Surgery Problems of Interest to the General Practitioner."

And, of course, all this knowledge would be of little avail if some of it were

not useful in practice building. To fill out the program, therefore, the Section on Practice Management will present: Dr. A. W. Hiller of Fort Worth, "Practice Management"; Dr. Roy W. Fonda of Detroit, "Practice Building through Credit Granting"; Dr. Gaylord J. James of Cleveland, "Building a Successful Practice"; and Dr. William N. Miller of Flint, Michigan, "Maintaining a Profitable Practice."

#### **MISCELLANEOUS**

For those procrastinators who never get around to making advance reservations, there will be the usual fine Question and Answer program. Although not quite as intimate as the limited attendance clinics, they will have an equally all star cast. If a person will select a certain number of these periods to attend and augment them with a visit to the general clinics (they will be on different days), he may come out second best, but he'll come out with a pretty good education at that. That's just a suggestion—not a recommendation.

Just as your reporter is ready to meet the deadline, word comes that the speaker at the First General Session to be held Monday evening, February 9, will be the Congressman from South Dakota, the Honorable Karl E. Mundt. He is a member of the Foreign Affairs and Un-American Activities Committees of the House of Representatives and is one of the outstanding speakers of our time. Congressman Mundt will speak on "The America I Want." This is a non-partisan analysis of the tides and trends of the affairs of men in the United States, and of our record, our methods and our future.

Thus it becomes apparent that much thought and effort have gone into the preparation of the 1948 Midwinter Meeting. It can be a good postgraduate course if the subjects are chosen wisely. Remember: first come, first served. So get your applications for the limited attendance clinics in early and—don't forget—they're \$2.00 each.—*Benjamin P. Davidson.*

# EDITORIAL

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## VETERANS ADMINISTRATION MAKES GOOD

Readers of this magazine will remember that a statement from Veteran Administration officials in regard to the dental program was published a couple of months ago. The statement was to the effect that "things are going to be different from now on." Having been promised this many times before, they viewed the statement with frank skepticism. In fact, some of the participating dentists went so far as to request that their names be deleted from the list. Up to this point all they had had from the program was grief. Applications for benefits were either lost in the shuffle or took months to process. If they forgot to cross a "t" or dot an "i," back would come the examination form for correction and another month would go by before the authorization to proceed was received. Veterans, having been told that all they need do if they required dental treatment was to contact the nearest VA office, naturally thought they were being given the run around. Consequently the dentist-patient relationship was not of the best.

The clamor finally became so loud that the officers of the Chicago Dental Society requested a conference with VA officials and out of that conference has come a new deal. The VA is definitely making good with its new program. Additional personnel have been assigned to the Branch Office here in Chicago. Additional funds have been advanced to take care of the expected increase in business. Authorizations are coming through at such a rate that many participating dentists are at their wits' end and whatever complaints are being heard now are to the effect that they can't take care of the influx of new business. It may be some time before the enormous backlog of cases will be disposed of but with everyone working with a right good will and doing his share we can insure the veterans that they will receive every bit of the dental care that was promised them when they were discharged from service.

## WHAT'S AHEAD—1948

Soothsayer, crystal gazers, clairvoyants and the like are wont to claim that they can pull aside the veil that flaps between time and eternity and tell us what is going to happen tomorrow or even the day after. But up to now they haven't been able to prove it; which may be just as well. Life's biggest adventure comes from never knowing what lies around the bend. They say that army engineers build roads with curves in them because soldiers balk at marching down a straight road where they can see ahead of them clear out of sight. A road with curves, on the other hand, has a continuing interest, everyone wants to know what is going to come in view next and so marches happily along waiting to see what he will see.

The newspapers print the news of yesterday which is both interesting and unobjectionable, on the whole, but think of the joy it would take out of life if they printed the day's news before it happened. No story would excite much interest either if we knew how it was going to end before we got through the first chapter. Someone has said that life is a voyage of discovery. It is interesting because we never know if our ship is going to make port or is doomed to be wrecked on the reef just outside the harbor.

# What Now?

By Frederick T. Barich



# Management of a Pedodontic Practice\*

By G. A. C. Jennings, Richmond, Virginia

This paper is primarily intended to stimulate interest in the practice of dentistry for children, and to bring you some information I have acquired after a number of years in a practice limited to that field. I believe there are also some parts of my discussion that might prove interesting to the general practitioner as well.

There is nothing scientific in my discussion. Perhaps you know, and put to practice many of the points which I expect to bring out. When, or where, I acquired them, I do not know, so I claim little originality.

In the beginning let me say, that most of my statistical material and figures are pertaining to Richmond, Virginia, one of the finest cities in the world in which to live. Richmond has a population of around 200,000, and its industries are sufficiently varied to make it an average among the principal cities in the United States.

It would reflect upon your intelligence to more than mention the necessity for dentistry for children. The school systems, the public health departments, organized dentistry and other organizations, have made numerous surveys and reported that from 85% to 95% of all school children have dental defects. If this be true, why is it that more dentists do not limit their practices to that field? Is it the failure of our dental colleges to give adequate instruction and recognition to the subject? Is it the lack of education of the layman to request treatment for their children? Is it the lack on the part of the individual dentist to want to fulfill his obligation to humanity? Or is it the lack of knowledge on the part of the dentist regarding the economical factors involved? I believe it is the latter, and in this paper, Management of

a Pedodontic Practice, I shall try and prove that a practice limited to children can be not only enjoyable, worthy and self satisfying, but profitable as well.

## LOCATION

Of course all dentists are not geographically located to limit their practice to children, and not all dentists are constitutionally adapted to work for children, but there are hundreds of cities and towns that could afford a good livelihood in the field, and there are many of you in the audience who are qualified physically, mentally and professionally to make a success in this special service.

In the city of Richmond there are seventeen pediatricians, five orthodontists, seven exodontists, but in my twenty odd years I have had no colleague or competitor.

The average busy dentist works about 1200 to 1500 hours per year, I am told, but I am not physically qualified or mentally inclined to work 1500 hours per year. So, as a basis for our argument let us take 1200 hours per year. To adequately render the necessary dental service to children in my practice, that is patients under 15 years of age, it requires on the average of  $3\frac{1}{4}$  visits per year. Appointments are made for varying periods of time, from 15 minutes to 30 minutes and an hour, and even longer, depending upon the age of the child, and the amount of restorative dentistry to be done. But, over a five year period of statistical data the average appointment time is 37 minutes. This means that approximately two hours per year, per patient, will keep a child dentally fit.

What does all of this mean? From my deductions, it means that wherever there is a city, town or community with six or seven hundred children of parents

\*Read before the Midwinter Meeting of the Chicago Dental Society, February 10-13, 1947.

who are educated to the needs of dental services for their offspring, and who are financially able to afford this essential health service, and where the dentists and physicians are also educated to the necessity for such treatment and are willing, and will refer such cases, then there is an opening for a dentist to limit his practice to pedodontia. Some communities may have a child population of six thousand, or sixty thousand and still not be a suitable location for a pedodontist.

The above statement has many provisos. First the child population. This is easy to determine from the school enrollment. Second, the ability to pay, from the Chamber of Commerce, Community Chest, Health Department, and a number of charity organizations from which you should be able to arrive at what percent can afford dental services.

Professional, as well as lay education may be necessary, but much has been done along these lines since some of us pioneered in pedodontia twenty or thirty years ago, and parent-teacher associations, child welfare groups, and professional societies are still eager to have programs on this type of instructive information.

Once such a practice is established don't think you will soon work yourself out of a job, for statistics show that there have been bumper crops of babies in recent years. This subject made the headlines of the Richmond newspapers, "All time birth records set here for month of October, and an annual record of 6333 with two months of the year still to go." If you have a family of six or seven hundred children it will surprise you how it will keep your nose and their teeth to the grinding stone.

#### HOW TO ESTABLISH FEES

The establishment of dental fees should take into consideration many factors and conditions. To mention a few, professional ability, demands for your service, ability of patients to pay, over-

head, and your location—the state, city, and even the section of the city. In my practice I have tried in the last twenty years charging on the per visit, per operation, per hour and even on a yearly basis, but in recent years, I have classified my patients and combined operations, visits, and time and made an estimate. All like dental services are not of the same monetary value to the patient, or to the dentist. For example, the maxillary central incisor of the soon to be debutante daughter of the bank president is of greater value to these parents than the same tooth would be to a girl whose parents are mill workers, and your responsibility, prestige and professional judgment are multiplied many times for the banker's daughter. Therefore, the fee should not be the same. So patients are classified, not only in regard to the ability to pay, but the demands they place upon you, the reputational gamble that you take, and the cooperation of the patient and parent.

Dental fees to some are a burden, to some a social obligation, to others they are only a trivial expense, and to still others they are a sound investment. To classify your patients you should know your city and know your people. The best way to know your city is to be interested in it. Join the Chamber of Commerce, your citizens' organizations, a civic club. Attend public meetings, be a helper and worker in the Community Chest drives, Red Cross, etc. In these ways you learn your city and its people.

#### CASE HISTORIES

With each patient get a complete history. Get the home address, and the business address. The section of the city means something. Most of us live up to our incomes. We like to keep up with the Joneses. First Avenue might be a more restricted area than First Street. Where does the parent work? He might be employed in a tobacco factory. Is he the president, or janitor. From the home

address, place of business and position held, family dentist, family physician, by whom referred to your office, and observing their conduct and personal appearance, you should be able to come close to a proper classification. To get this information requires tact, and just at this point I should like to mention briefly the dental assistant, or secretary. Improper approach in securing such a history may cause resentment on the part of the patient while filling out history card. First of all your secretary should like children, and be of the type that children like. Young children have a strong instinctive power to quickly determine their like or dislike for people. She must also have common sense and be a good judge of human nature. Be able to evaluate personalities at a glance. She must have a good memory, a pleasing smile and pleasant appearance and a soft, but distinct speaking voice. This kind of a secretary not only will be able to get the desired information without offending, but will, with a little practice and encouragement on your part, be able to classify your patient. With a classification of A, B, C, D, you can then estimate fees.

#### HOW TO ESTIMATE FEES

Let us assume you have an overhead of \$2,400.00 per year. This includes rent, secretary, materials and supplies and everything that is necessary to run your office. You have six hundred patients, and it requires  $3\frac{1}{4}$  appointments of thirty-seven minutes each, or two hours per year per patient, or 1200 working hours. So your overhead is \$2.00 per hour. Let us assume again that we all have average ability and the demands for our services are sufficient to keep us busy. Many dentists tell me that they charge a flat hourly fee for all patients, or a flat per filling charge. If you charge \$10.00 per hour for the 1200 hours you have collected \$12,000.00, but you have worked a hardship on some and practically given your services to others.

Let us classify our patients. If you limit your practice, or specialize, this fact alone will immediately eliminate many of the poor, and attract those of higher living standards. So out of your first 600 patients I believe it is a conservative estimate to say that—

50 patients, or  $1/12$  of your practice will be well-to-do, or Class A

200 patients, or  $4/12$  are very successful, or Class B

200 patients, or  $4/12$  are of moderate circumstances, or Class C

150 patients, or  $3/12$  can more than afford the necessities of life, Class D

So

$1/12$ or 50 pts. or 100 hrs. of	
Class A @ \$20.00 per hr... \$ 2,000.00	
$4/12$ or 200 pts. or 400 hrs. of	
Class B @ \$15.00 per hr... 6,000.00	
$4/12$ or 200 pts. or 400 hrs. of	
Class C @ \$10.00 per hr... 4,000.00	
$3/12$ or 150 pts. or 300 hrs. of	
Class D @ \$6.00 per hr.... 1,800.00	

**\$13,800.00**

By classifying your patients you have not only collected \$1,800.00 more, but you have rendered a service within financial reach of all. Does the surgeon operate on all for the same fee? But does it cost him more to operate on some than others? Does it cost the bank any more to administer a \$5,000.00 estate than a \$50,000.00 one? Does it cost a lawyer any more to secure a title on a \$5,000.00 farm than a \$50,000.00 one? Does it cost any more to have a \$5.00 tooth filled than it does a \$500.00 one?

That telephone of yours is oftentimes the first introduction to your office, so train whoever answers it to do so in a pleasing manner. Let your secretary learn to put a smile in her voice, and say "Hello" with all the good-naturedness, sincerity, friendliness and cordiality that she would have if it were a boy friend calling for his first date. Let it appear a pleasure rather than a task to answer the phone. Answer it with that "I'm glad you called" attitude. This single act oftentimes makes the caller want to come to an office where such a friendly

voice will greet him. Much information can be gained over the phone from a new patient. Be sure to find out the patient's name, the one commonly used, so you can greet John or Mary by name upon arrival. Find out how to contact patients in case you are called away from the office to be a pallbearer, or to go on a fishing trip. Be considerate of your patients. Don't break appointments with them. They have other things to do also.

The general practitioner has a much larger overhead expense than the pedodontist. A busy pedodontist can spot a busy general practitioner \$4,000.00 or \$5,000.00 a year gross collections, and still come out of the big end of the horn. I know one who collected \$5,000.00 more than I did last year, but he paid a commercial laboratory \$3,200.00. His supply bill was \$800.00 more than mine. He requires laboratory space that boosts his rent \$10.00 per month more than mine and the many expensive gadgets that I do not need, vibrators, furnaces, articulators, etc. He worked sixty hours more than I did, and worked in the lab at night. I'm all for him. He is a good dentist and earned every cent, doing necessary, conscientious dentistry, but "Let George do it," I'll take the kids, it's more fun. I have more patience pacifying a scared child than I do with an edentulous adult while trying to get the correct bite for dentures.

#### EQUIPMENT

Fancy equipment is not necessary in the operating room. I have enough trouble keeping the kids from playing with a simple plain instrument cabinet that I have, and I certainly do not want any doll house full of drawers.

The first step in the successful management of children in a dental practice is to establish confidence. Once this is done, the child quickly understands that your operating room is a place of business, not frolic. So don't clutter up your operating room with a lot of unnecessary,

expensive equipment simply to impress the patient. Have all the equipment you need to assist you in rendering the very best dental service to your patient, but show does not go with kids. Furnish your reception room with dignified, but durable and comfortable furniture. Some children are rough with their own things, and they will be rough with yours. Don't have expensive nicknacks lying around to tempt the meddlesome child. The same goes for your playroom, if you want one. One or two toys are all that is necessary, and let them be of the indestructible variety.

With the new patient you can establish confidence quickly by being honest, truthful and business like. A child told me that "All work and no play makes Jack a dull boy," but all play and no work makes Jack a fool. There are not many topics of conversation that you and a child can carry on with mutual interest. The child is primarily interested in what you are going to do. How you are going to do it, and when. So be patient with him and explain what it is all about. Riding a child up and down in a dental chair, just for the ride is foolish, and the child thinks so too.

#### PSYCHOLOGY

I like fishing, so I'd never go to a fisherman dentist, because I would rather talk about fishing than have my teeth operated upon, and the dentist would rather talk about fishing than operate. In other words "scale teeth—tackle job." Many hours are lost at the dental chair talking about investments, taxes, religion and styles. For adults you dentists could do well to talk about the alloy and instruments while you are using them, then you won't forget what you are doing. That is just the kind of psychology I use on the children. As I have said before, the child is primarily interested in what you are going to do, how you are going to do it, and when you are going to do it. So, I have a mirror

mounted on my operating light, which enables the child to see what is going on. The operating light is adjusted so that I get its maximum illumination with the correct head position of the patient, then the mirror is adjusted so the child has a good vision. Soon the child becomes interested in what I am doing, because he can see the operation, and I am explaining it at the same time. Consequently, little time is lost over the cuspidor during the operation. The child will soon place the head in position so he can see, and this position has previously been arranged to suit the operator. Therefore, you do not have to be constantly readjusting the chair. We talk about caries, how to get it out, enamel, how to cleave it, handpieces, burs, what they do, why they hurt, how the alloy is triturated, how it is packed, why it should be kept dry, etc. They become interested and cooperate. I tell them I didn't put the decay in the tooth, but I have to get it out. We talk dental health, how to control caries, the value of a healthy mouth, and how to keep it so. I keep my mind on my business. Children will not let you do otherwise. My patients can oftentimes tell when all the decay is removed from the tooth, and we rejoice together that the worst part of the operation is over.

I try, and I believe I do more for my children than just fill a tooth. I make them tooth conscious, and I hope that interest will continue through life. I can make a living out of examinations, prescribing, giving information, prophylaxis and fillings. I don't have to rely on the jewelry of shiny appliances, etc. The general dentist will have no better opportunity than now and the next few money mad years, to establish satisfactory fees for oral hygiene, extractions and alloy fillings. I started out in this dental business on the tail end of the declining wave of prosperity, but I managed to weather the deep trough of the depression, and have been swept upward with incoming tide of inflation. Perhaps I have not kept up with the swift current, but I believe the crest of the wave is

here. For soon these down payment boys will have all the pay checks in advance, and before long, many of the much wanted commodities will be in production again. So, may I earnestly implore you to return to your practice and render a better alloy filling for a better fee. An old negro friend of mine, who has gone to his reward with "Old Uncle Ned," used to have a pet saying "There goes a \$50.00 saddle on a \$20.00 horse." So don't go back to your office and put in a \$1.00 filling for a \$5.00 fee. You don't have to go to a dental convention to learn how to place a good amalgam filling in a child's tooth, but it might take a convention to awaken you to the fact that you can get paid for that good filling if you will do one.

When my patients outgrow me, they will go to some general dentist. If they go to some of these dentists who say they can't make a living out of prophylaxis and alloy fillings, then that patient thinks I have robbed him for ten or twelve years, or that dentist gives cheap or inferior service. So I welcome the request from all dentists who see my patients who have outgrown me, to give them a history of the patient. This history not only furnishes information regarding restorations and corrections, but it is also somewhat of a financial report, showing fees and how the patient regards his financial obligation, and, I hope that dentist will keep that patient in the same classification, provided conditions have not altered it. Be honest with your fellow practitioner. Be slow to criticize and quick to praise. Cooperate with him. Cooperate with your physician friends. I believe more physicians refer dental patients, than dentists do medical patients, so send physicians the underweight, overweight, enlarged tonsils, defective vision and hearing cases for a physical check up, and give him a report of the oral condition of the patient. Physicians may be the best source from which you obtain new patients. Some years ago when a survey was made in my office, 22% of the new patients for that year came from fourteen pedi-

tricians, and 17% from one hundred and fifty dentists.

#### SYSTEMATIZE PROCEDURES

What happens when you get to the saturation point, that is, you are working as hard as you want to work, and have more than you can do. What would you do, tell your Class A patients to go and see Dr. X, and keep the Class D ones? Some lower class patients are often more desirable and we keep them, but as a general rule—well, you know what you would do. It is extremely difficult to render good dental service to the child patient without competent chair assistance. The time element means more to your child patient than the adult. So systematize your procedure so that there is little lost time. With the adult patient when you are ready for an alloy filling you first fill the patient's mouth full of cotton, then you hook up the saliva ejector. You then hunt around for your amalgam pluggers, then sterilize your cavity and then casually triturate your alloy and place your filling. In operating for children we nearly do it in reverse. When I tell my chair assistant I am about ready for an alloy filling, that means she places a small pledget of cotton saturated with the sterilizing agent on a glass slab. She uses her own cotton pliers so no drug is ever carried to the patient's lips from contaminated pliers of mine. About ready for an amalgam means she will get cotton rolls, place them in a holder, if a mandibular tooth, get my four pet pluggers, place them in the order I like them placed on the bracket table, get her amalgam carrier, proportion her alloy and mercury in a capsule, place it in the electric triturator and set the time clock. My automatic plunger is placed on the bracket table, and she hooks up the saliva ejector. When I say start mixing then I fill the patient's mouth with cotton also, and by the time the alloy is triturated and first piece is placed on the carrier, I have dried and sterilized the cavity and

am ready to insert the filling. In this way, from two to five minutes of discomfort is saved the patient, and they appreciate your consideration of them.

I am considered by many a fast operator, but operating at high speed is a terrific strain on the nervous system and rapidly produces fatigue, unless you have a smooth system. There are many small insignificant interruptions and disturbances that affect you subconsciously, such as the telephone and doorbell ringing, opening and closing doors, reception room conversations, etc. Sound proofing your offices is rather inexpensive, but it pays large dividends by cutting out much of this noise and distracting sounds. It also works in reverse, that is, patients in the reception room can not hear noises from the operating room.

I dislike to go to a dentist more than most of my patients do. The actual pain is not so great, but dentists are inconsiderate devils, they won't let me spit as often as I would like to. They seat me uncomfortably, though it might be easier on them, they won't lubricate my lips before stretching my mouth a mile, they stick the mouth mirror down my throat while turning around to look for some instrument in the cabinet. They don't know that the dental engine has a low, second and third speed. They talk to someone in the business office with both hands in my mouth and they are not doing a d— thing either. They whistle a tune I don't like, or give me a lecture I don't want to hear. They don't try to control the warm water syringe, it is either too hot or too cold. The air syringe blows with a forty pound air pressure. I'm telling you, what a lot of your adult patients would like to say, but they don't want to offend you or appear to be a sissy. But, try it on a child, they will tell you. Most kids are just like I am. They will, and are willing to tolerate the necessary pain that goes with removing decay and placing the fillings, but these hundred unnecessary inconveniences are hard to take. If you are willing to see things through your patient's eyes and take your share of the discomforts and

inconveniences, then you can successfully treat children.

#### FINANCIAL UNDERSTANDING

Have a financial understanding with all of your patients. The A's as well as the C's. Give them estimates. If the class A patient thinks he is being overcharged, let him think you are overcharging him before you start the case. Then it's either no gripe, or no case. It is easier to get established as a high priced good dentist than it is a cheap dentist. Who does the advertising? You can get established just as quickly among class A patients as you can the class C ones, if you are a class A dentist, and the class A's are a little more profitable.

My patients have been trained over a number of years that it is good economy to see me at least twice a year, so they make appointments six months in advance. Each patient is contacted the day before the appointment so as to limit broken appointments, or non-productive time. After one or two years the amount of time for the appointment can easily be anticipated for each patient, which is from fifteen minutes to one hour. Statisticians and theorists have charted ages most prevalent to tooth decay. For example, less decay from 3 to 5 than from 6 to 8 (6 yr. molars erupt, etc.). If I see from the chart that Johnny is seven years of age, and that restorations have been placed in two occlusal pits of each of the maxillary six year molars, and buccal pits have been filled on both lower sixes, then it is well to assume that an examination and prophylaxis will be all that is necessary six months from now. So, fifteen minutes is sufficient, unless the child has green stain or excessive deposits. By using common sense from acquired experience you should have very little lost time in your practice. But, don't work too hard. No human body can stand but so much physical and mental strain. I don't want to

be the richest dentist in the cemetery. I am strong for that middle road travel. When I work I don't want to work too hard, and when I play I don't want to play too hard. If you throw your money away, they will call you a spendthrift. If you cling on to it too close, they will call you a tightwad. If you are the best dressed fellow in town, you are a Beau Brummel. If you are poorly dressed, you are a bum. If you are the biggest winner in the crap game, you are a professional gambler. If you are the biggest loser, you are a sap. If you are the most pious man in the church, you are a religious fanatic. If you are the worst sinner in the church, you are a backslider, and a hypocrite. So, stay in the middle road. I like pioneers, and individualists, but be distinctive by keeping up a good average in everything you do. I am not the best dentist in Richmond, and I don't want to be. There is too much envy, jealousy and criticism that goes with the best, but I couldn't live with my conscience if I were the worst.

When you practice for children you come in contact with every phase of dentistry. Operative, minor oral surgery, impactions and supernumerary teeth, simple and complex extractions, frenum operations, flaps, etc. Crowns and bridges are not infrequent. Space retainers, x-rays, vincents, partial and even full dentures. So try and keep a good average in all branches.

To simplify my day's work, there is a duplicate sheet from the appointment book on my desk showing the appointments for the day. Also, showing whether it is the first visit or the last of a series of visits. If I know this is a new patient, then I can prepare for him in advance. If I know it is the last visit, then I know I must finish. I like to know when patients arrive, and are waiting in the reception room. So we have an office secret. When a certain paperweight is placed on the bracket table, I know, but the patient doesn't know that my next patient is waiting.

# Minutes of the Regular Meeting of the Chicago Dental Society

November 18, 1947

Upper Tower Ballroom — Stevens Hotel

The second regular monthly meeting of the 1947-1948 series was called to order at 8:00 p.m.

Motion was regularly made and severally seconded that the reading of the minutes of the meeting of October 21 be dispensed with inasmuch as they have been published in THE FORTNIGHTLY REVIEW. Motion carried.

It was then regularly moved and severally seconded that the minutes of the meeting of October 21 be approved as prepared by the Secretary and published in the November 15 issue of THE FORTNIGHTLY REVIEW.

Reports of boards and standing committees—none.

Reports of special committees—none. Unfinished business—none.

New business—

President Hartley introduced Dr. Lloyd H. Dodd, President of the Illinois State Dental Society, and Dr. Paul W. Clopper, Secretary. Both of these officers of the State Society were guests of the Chicago Dental Society at this meeting. Dr. Dodd extended his congratulations and an enthusiastic salute to the officers and members of this Society for their many contributions to the good of the membership and of all mankind.

Dr. Russell G. Boothe, Chairman of the Monthly Program Committee, was introduced by President Hartley. Dr. Boothe then presented Dr. Leonard S. Fosdick who spoke on "Dental Caries

Control." Following this discussion Dr. Boothe presented Dr. Robert G. Kesel, who spoke on "Methods for Caries Control."

At the conclusion of Dr. Kesel's dissertation Dr. Boothe, on behalf of the Society, expressed the gratitude of the membership to Drs. Fosdick and Kesel for their very fine presentations.

He announced that the next regular meeting of the Society would be held on December 16 in the North Ballroom of the Stevens Hotel and would consist of a symposium on Oral Surgery.

The following clinicians who were to present table clinics on the subjects indicated were then presented by Dr. Boothe: Gerard J. Casey—"Caries Control Methods for Your Dental Office"; George N. Davies—"Utilization of Fluorine in Dentistry"; N. Manley Elliott—"Dental Economics"; Douglas W. Kerr—"Technic for Teaching Oral Hygiene"; Robert J. O'Neil—"Topical Application of Fluorides"; William E. St. John—"The Snyder Test for Caries Activity"; Edward C. Wach—"Caries Control by the Use of Ammonia Compounds"; Kenneth C. Washburn—"Prevention of Caries Through Operative Dentistry."

There being no further business, the meeting adjourned at 10:00 p.m. Approximately 500 members and guests were in attendance.

Respectfully submitted,  
Arno L. Brett, *Secretary*.

# NEWS AND ANNOUNCEMENTS

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## NEWS FROM UNIVERSITY OF ILLINOIS COLLEGE OF DENTISTRY

Dr. Allan G. Brodie, the new Dean at Illinois, was given a luncheon by the faculty on November 26 in honor of his appointment. As evidence of the esteem in which Dr. Brodie is held, the faculty and staff presented him with leather accessories for his desk.

Douglas W. Kerr of Riverside, California, has joined the University staff as research assistant professor to assume direction of the project in the three communities.

In addition to Dr. Kerr, the following instructors have joined the staff of the College of Dentistry this year: William T. Pope and Charles H. Shaner in Crowns and Fixed Partial Dentures, M. J. Shepro in Histology, Mack C. Tanner in Operative Dentistry, Gerard P. Bosscher, research assistant in Orthodontia, Milton A. Szmyd, Robert A. Arnold, and Raymond W. Law in Full and Removable Partial Dentures, and Walter White, Walter Shulruff and Edward Hawkins in Applied Materia Medica and Therapeutics. E. Lloyd DuBrull has been appointed assistant professor in charge of Oral Anatomy.

Both graduate and postgraduate courses are in great demand. In the graduate field, eleven men are working for the Master of Science degree in Histology, ten in Orthodontia; five men are enrolled in the advanced course in Pedodontics. The postgraduate courses have attracted men from as far as India, China, the Philippines, South America and Canada, as well as from the United States.

A new postgraduate evening course on Fundamentals in Oral Surgery will begin January 5, 1948. Because of increasing interest, the evening course on the

Physiology and Pathology of the Periodontal Structures will be repeated, beginning January 7.

The capacity enrollment of excellent students who entered the University of Illinois College of Dentistry this fall will have the opportunity of studying under the new curriculum adopted by the faculty last year. The course in Basic Techniques being presented for the third time has kept the students interested, but busy.—*John M. Spence*.

## CHICAGO INDUSTRIAL HEALTH PLAN

The Chicago Industrial Health Plan will soon launch a program to bring to workers in industrial plants information on health and health services. The Plan will coordinate existing health education programs and provide a central channel through which health agencies can work with industry cooperatively.

The contemplated program will present to workers in industrial plants a coordinated program of health education, containing the various diagnostic services, including immunization, blood tests, hearing and vision testing, tuberculosis x-ray and dental services. Film showings, health education lectures and posters, charts, pamphlets and other material will be supplied.

A dental clinic for children, two to six years of age, is being planned for the Altfield Gardens Housing Project. A fund of \$1175 to start the program has already been raised. Other dental clinics for preschool children now in operation include two by the Health Department at Ida B. Wells Home and at Mary Crane Nursery School, Hull House, and a third operated by the Salvation Army and financed by the Plan.

*(Continued on page 23)*

# NEWS OF THE BRANCHES

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## ENGLEWOOD

The holiday season is just about upon us and I understand many of the fellows are planning abbreviated vacations. However, since this is being written quite a bit in advance, I shall let our next correspondent record them. . . . Over the Thanksgiving holiday Tom Cavanaugh visited his parents in Ohio. . . . At the same time, R. J. Gates took off on a short hunting trip. In the local beanery before he left, he was making some mighty rash promises on the number of trophies he would distribute. . . . Incidentally, he gave an interesting talk before one of the service clubs recently on pink grapefruit, he being nothing less than the owner of such a farm in Texas. No pink elephants if you drink his pink grapefruit juice, he promises. . . . John Gilroy's mother passed away a month ago and the members of this branch express their sincere sympathy to him. . . . Over a cup of coffee, Mal Brooks was commenting on the large group of Englewood men at the last downtown meeting. Everybody agreed this was only natural since we had so many good men in Englewood. Question! Guess what branch this coffee klatch belonged to. . . . Ted Lindholm's second child, another girl, arrived. So much gentle femininity around must give Ted his suave manner. Incidentally, no cigars yet. . . . Vince Milas and this scribe spent three days in Springfield attending a conference on dental health. Vince is a wonderful roommate, but don't expect to get any sleep when you go to bed with him present. . . . Joe McMahon has just received the final evaluation of his military service. A Marine paymaster wrote to tell him he was overpaid! Since this is a family column, we shall pass over his comments on the subject. Really, Joe, this looks to me like a compliment. The Marine claimed you were overpaid only \$8.40. . . . While we

are on fiscal matters, Ed Glavin says that since he announced the fine balance in our treasury at a recent meeting, he's been besieged by panhandlers. . . . A friend, who accompanied a patient of mine for an appointment, was extolling the virtues of Tom Starshak to me in my reception room recently. I can only say that our code of ethics imposes a great hardship on us at times. . . . I saw Bill Connors at the Notre Dame-Tulane game before Thanksgiving. As a synthetic Notre Dame alumnus with a wife from Michigan, there was plenty of room for some family needling. . . . Jack McCarthy is the proud possessor of a massive television set, so you can easily see why his office has been vacant these autumn afternoons. Mac is the rugged outdoor type; he enjoys his football games in a steam heated apartment lying on the couch with a bottle of beer by his side. It would be cruel to mention what a sad sack he was when Leo took Mt. Carmel down not many weeks ago. . . . During the first part of the new year the Council on Dental Health Education, in cooperation with the Back of the Yards Council, is going to conduct dental health education programs in most of the schools in the stockyards district. In the survey portion of this project the assistance of a good number of dentists will be required, so the cooperation of our members is requested when they are asked to make these examinations. . . . Please send news items for our next edition to Marion B. Hopkins, 1903 E. 79th Street, Saginaw 3637.—*Francis O'Grady, Assistant Branch Correspondent.*

## NORTHWEST

Another Thanksgiving week end is over and everyone is back to normal. . . . We called several offices for news, but alas! absenteeism prevailed almost everywhere this week end. Perhaps the

next issue of THE FORTNIGHTLY REVIEW will reveal the whereabouts of some of these absentees. . . . Don't be surprised if you should hear the roar of lions at some of our future meetings, and if so, you can blame the newly organized Cragin Lions International, because some of our Northwest-siders are Charter Members. Three of the latest additions are Jim Hodur, Stanley Lasota and William Schlesinger. . . . Chet Stypinski and Casimir Rogalski were initiated into membership of the Xi Psi Phi Fraternity recently. . . . Glenn Cartwright is sporting about in a new Pontiac automobile. How about a ride sometime, Knute. . . . Charley Frost was involved in an automobile accident; however no injury was sustained. Careful, Charley. . . . Happy wedding anniversary to Jim and Wanda Hodur, Ted and Mae Olechowski, Stanley and Tess Broniarczyk, John and Ginny Gates. . . . Helmar Carlson is interested in finding a home in San Diego, California. He is calling on his Chicago friends for help. . . . Jerry and Joey Rund sing with their church choir every Sunday morning. . . . Fred Nannestad is spreading dental health gospel at P.T.A. organizations in Cary, Illinois. Nice going, Fred. . . . Tuesday, January 13, 1948, will be dinner night for the first meeting of the New Year. More details later. . . . Merry Christmas to all.—*John M. Gates, Branch Correspondent.*

#### KENWOOD-HYDE PARK

The Season's greetings to all of you. Your officers join me in wishing you a very Merry Christmas and a most happy and prosperous New Year and hope that the Spirit of the Prince of Peace brings to you and those dear to you comfort and contentment in these days of turmoil. May the New Year bring to each of you its full share of satisfaction in having served well and having made this old world a little better place to live in. . . . Maybe, too, this would be a good time to resolve to participate as much as possible in the activities of the Dental Society and to start the New Year by attending our first meeting on Tuesday, January 6. "Oral Surgery for the

General Practitioner" will be the title of the essay to be presented by Dr. Wayne B. Slaughter, Professor of Plastic and Maxillo-facial Surgery, Loyola University School of Dentistry. Though young in years, Dr. Slaughter is among the most popular essayists in this area and has had a broad experience in the field of oral surgery. In addition there will be three clinicians, J. Eisenstaedt, M. Case and Earl Harris who will have many helpful suggestions. . . . Commander Willard Johnson has laid up his cabin cruiser for the winter. Navigation on the river was getting pretty difficult and crew members were demanding transfer to southern waters. . . . A. Bresler, Mayor of Palos Park, is again on the mend and will be back at the office Monday. . . . Louis Prendergast journeyed to Oak Park for Thanksgiving and returned looking as though he had enjoyed the turkey. . . . President Elect Bob Wells is attending the great New York meeting hoping to get valuable suggestions for our meetings. . . . If you weren't at the downtown meeting last month you missed a "hum-dinger." An overflow crowd was more than repaid for its attendance. . . . Well, I guess that's all for now. Remember the meeting January 6 at the Broadview, 5540 Hyde Park Blvd. Dinner promptly at 7:00 p.m. Scientific meeting at 8:00 p.m. For dinner reservations call Bob Rowan at Butterfield 2724. . . . Help! If you have news call South Chicago 1823—*Elmer Ebert, Branch Correspondent.*

#### WEST SIDE

Our forum is really a very big attraction. Since it's initial meeting this year, the attendance has really been tremendous, in fact, every seat is taken and more tables have to be added at every meeting. George Barnes is chairman of these meetings and is to be complimented for the excellent performances. The food is excellent too. Meetings are held on the first and third Tuesday of each month at 12 noon. The place is the Steak House, 3936 West Madison Street. On December 16 A. G. Lauritzen will speak on "Bite, Analyses and Correction of Oc-

clusal Disharmony." . . . Our sincerest sympathy is extended to the family of John Schmitt, our librarian. John was buried Wednesday, November 19. . . . Caesar Newman and some physician friends just returned from a big game hunting expedition at Quincy, Illinois. They shot one quail. . . . The Thanksgiving holiday started some of the boys on the West Side traveling. Walter Kelly went to Valparaiso; Bob Bailey traveled to Gary, Texas; Hal Gillogly went to Minnesota (it was not cold enough in Chicago); Bill Whittaker went around the block to work up an appetite; Nate Potkin spent his day at Starved Rock; Bill Gubbins, our president, spent his traveling time carving a turkey. What a job! Harry Weinfield is going to California to visit his son. . . . By the way—our women members are requested to come to our meetings. We have no stag affairs. . . . The welcome mat is out to the following new members on the West Side: Raymond E. Guzer, Hyman Katz, J. I. Gaynor, and Robert H. Sullivan. See you at the next meeting, fellows. . . . On Tuesday evening, January 13, our program for the first meeting of the New Year will be "A General Discussion of the Veterans Administration Dental Program." Allen Gruebbel of the A.D.A. will speak on "Conferences with the Veterans Administration"; Francis L. Gorman and associates will speak on "The V. A. Program"; and R. K. Baxter will speak on "A Private Practitioner's Viewpoint." Edward J. Ryan, editor of Oral Hygiene magazine, will act as moderator. So come on up. Our meetings are big; let's make them bigger. . . . Wishing you, one and all, a very Merry Christmas.—*Arthur D. Tessler, Assistant Branch Correspondent.*

#### **NORTH SIDE**

Well, if you failed to attend our last meeting, you missed meeting the Mayor, and hearing his well pointed words. You also missed some good material on Dental Health Education, presented by Program Director Edgar T. Stephens. Plan now to attend future meetings.

Don't forget Ladies Night, January 17. Bowling League meets every Wednesday at 1:30 p.m. . . . We're still crying for news. One of these days we're going to disappoint you interested readers by having to publish a Blank Column. No news, no publicity. . . . Tom J. McAuliffe reports everything very dull. . . . John F. Purcell, nothing of interest. . . . J. V. Sweeney states other matters conflict with dental meetings, so can't attend. . . . Irwin M. Hirschenbein promised to call back, but didn't. . . . Joel D. John says his news would bring the comment, "So What?" . . . Bernard Rabin, a fluent speaker at the lunch table, had no news. . . . Orville M. Bangert couldn't find his "thinking cap," so couldn't help us out. . . . Life is very "hum drum" for Louis A. Goode. . . . J. LeRoy Davis promised to call back, but didn't say when. . . . Joe L. Farrell, a classmate of mine, Northwestern '19, even let me down. . . . Well we culled a few items of interest from some of the members, and I want to publicly thank them for their help. . . . Edward F. Dale was fortunate enough to indulge in two turkey dinners Thanksgiving day. . . . About a year ago, E. G. Griffin took over the office of Francis L. Gorman, who, you all know, is head of the Dental Division of the Veterans Administration. Perhaps it would pay to know our members better. . . . Carl A. Anderson bagged a lot of quail down on his farm at St. Charles, recently. . . . Arthur N. Allen spent Thanksgiving week-end down in Decatur. . . . Meyer S. Poliak leaves Christmas day to visit relatives in San Francisco and Los Angeles and then winding up in Palm Springs. . . . Herbert C. Gustavson is sporting a new Mercury. He was recently elected a director of the Kiwanis Club of the North Shore. Herb is expecting twins in the very near future. . . . William T. (Bill) Osmanski is awaiting the arrival of a fullback, halfback, or quarterback on Valentine's day. This is Bill's wedding anniversary, and he says he doesn't care what position the boy plays, so long as it's a boy. . . . Our roving reporter wants to know

*(Continued on page 23)*

# DIRECTORY CHICAGO DENTAL SOCIETY

Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Telephone State 7925

Kindly address all communications concerning business of the Society to the Central Office

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*West Side, 1948*  
*Northwest Side, 1949*  
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## Ethics Committee

Walter J. Nock, Chairman	1948
Eugene M. Stearns	1949
Neil A. Kingston	1950

## Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Walter J. Nock, 2735 Devon Ave. Anonymous communications or telephone calls will receive no consideration.

## Applicants:

LUCAS, LAWRENCE E. (C.C.D.S. 1944) Englewood, 142 W. 112th St. Endorsed by R. C. Van Dam and Theodore H. Vermeulen.  
RENN, RICHARD W. (N.U.D.S. 1947) North Suburban, 636 Church St., Evanston. Endorsed by Corvin F. Stine and I. Milton Dawson.  
SCHNEIDER, FRED (U. of Ill. 1943) West Suburban, 1003 S. 17th Ave., Maywood. Endorsed by Donald J. Glerum and Milo B. Hattenhauer.

(Continued on page 22)

## Classified Advertising

### FOR SALE

**For Sale:** Complete office furnishings Reasonable. Telephone Hemlock 2411.

**For Sale:** Ritter E.D. unit; S. S. White chair; American cabinet; Pelton sterilizer; cluster light. Telephone Dearborn 0036.

**For Sale:** Dental equipment. Two chair, AC, Ritter dental office equipment. Complete. Bargain. Telephone Hollycourt 8300, evenings; University 3450, daytime.

**For Sale:** Heidbrink model "T" Hy-Go machine in fine condition, complete with analgesia attachments and tanks. \$125.00. Telephone Wheaton 794.

**For Sale:** Heidbrink airator analgesia machine with three tanks. Telephone Hemlock 7995.

**For Sale:** Up-to-date dental office fully equipped, including x-ray. Good transportation, neighborhood practice. Due to death will sell for best offer. Telephone Avenue 3899.

**For Sale:** Modern equipped dental office including x-ray machine and complete laboratory. Ideal Albany Park location. An excellent opportunity for veteran or recent graduate. Telephone Keystone 2919.

**For Sale:** Ritter Tri-Dent unit in perfect condition. Best offer. Telephone Berkshire 7565.

**For Sale:** Harvard chair and unit. Burton triluminar light. American cabinet. Weber x-ray. All ivory tan. \$800.00. Telephone Spaulding 6984.

**For Sale:** Gas machine in fine condition, complete with analgesia attachments and tanks. Very reasonable. Telephone Central 1344.

**For Sale:** On account of ill health dentist offers complete dental office in town of 16,000, 100 miles west of Chicago. Wonderful opportunity. Address F-20, The Fortnightly Review of the Chicago Dental Society.

**For Sale:** Well established office in Logan Square district, adjoining physician's office. Will consider any reasonable offer. Leaving city. Address F-16, The Fortnightly Review of the Chicago Dental Society.

### WANTED

**Wanted:** Young dentist in general practice seven years wishes to become associated with Chicago North or North Suburban Orthodontist. Primary interest instruction and practical experience. Telephone Rogers Park 2370 or address F-21, The Fortnightly Review of the Chicago Dental Society.

**Wanted:** Ethical Chicago dentist desires to purchase a two-chair dental office and practice in loop. Will accept an attractive offer with or without equipment. Practice must show a good volume. Address F-15, The Fortnightly Review of the Chicago Dental Society.

**Wanted:** Dentist in South Shore wishes to exchange use of office with dentist in loop for one or two days a week. Address F-17, The Fortnightly Review of the Chicago Dental Society.

**Wanted:** An associate. Excellent long-range opportunity for a conscientious young dentist. Ethical southwest side office. Reply giving age, education and experience. Address F-18, The Fortnightly Review of the Chicago Dental Society.

**Wanted:** Dentist wanted by orthodontist, to assist him for one or more days a week in return for instruction in practical orthodontia. Address F-19, The Fortnightly Review of the Chicago Dental Society.

### FOR RENT

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**For Rent:** Professional office at corner of Fullerton and Lockwood. Rent. \$50.00. Telephone Armitage 0201.

### APPLICANTS

*(Continued from page 21)*

SUHER, THEODORE (U. of Ore. 1946) West Side, 1801 W. Jackson Blvd. Endorsed by James A. Gagnon and Frank J. Kropik.

SWIRSKY, EDWARD (N.U.D.S. 1932) West Suburban, 1140 Lake St., Oak Park. Endorsed by J. M. Lestina and A. F. Mayer.

WEST, CHRISTOPHER O. (U. of Ill. 1946) Kenwood-Hyde Park, 5501 Prairie Ave. Endorsed by Clarence Towns Jr. and J. H. Howard.

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**NEWS AND ANNOUNCEMENTS**  
(Continued from page 17)

**DR. JOHN C. SCHMITT**  
**1891-1947**

Dr. John C. Schmitt, a member of the West Side Branch, passed away on November 15. He was the Librarian of his Branch Society at the time of his death.

Dr. Schmitt was graduated from the Chicago College of Dental Surgery in 1931 and practiced at 2400 N. Harding Avenue. He was interested especially in full denture construction and had taken a number of postgraduate courses in that subject.

**DR. ADOLF MACH**  
**1869-1947**

Dr. Adolf Mach, an Honorary Member of the Chicago Dental Society since 1932, died on August 2, 1947, at Brno, Czechoslovakia.

Dr. Mach was graduated from the Chicago College of Dental Surgery in 1900 and practiced in Chicago until shortly after World War I. At that time he received an invitation from the faculty of the Komensky State University at Bratislava, Czechoslovakia, to become Dean of the Dental Department, which position he filled with distinction until his retirement in 1939. He is survived by his widow, Georgia.

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**NEWS OF THE BRANCHES**  
(Continued from page 20)

what's out in Burlington, Wisconsin, that David J. Priess drives out there so often. . . . Joseph A. Pollice is a member of the bowling league. He advised that there were thirty members playing on five teams. Bowling leagues of other branches, beware! . . . Albert a Dolin, a new member, has recently opened an office in the Uptown Bank Building. He is very much interested in Root Canal Therapy. . . . And last but not least, comes a photograph of a 178 pound Buck. Sorry, but the Editor will not let me publish it. It's from our amiable President Luebke, who left off hunting at Eagle River in time to be with us at our meeting.—N. M. Elliott, Branch Correspondent.



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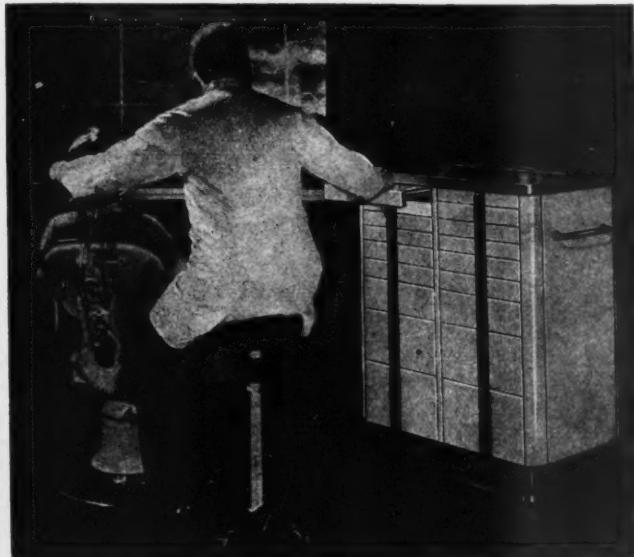
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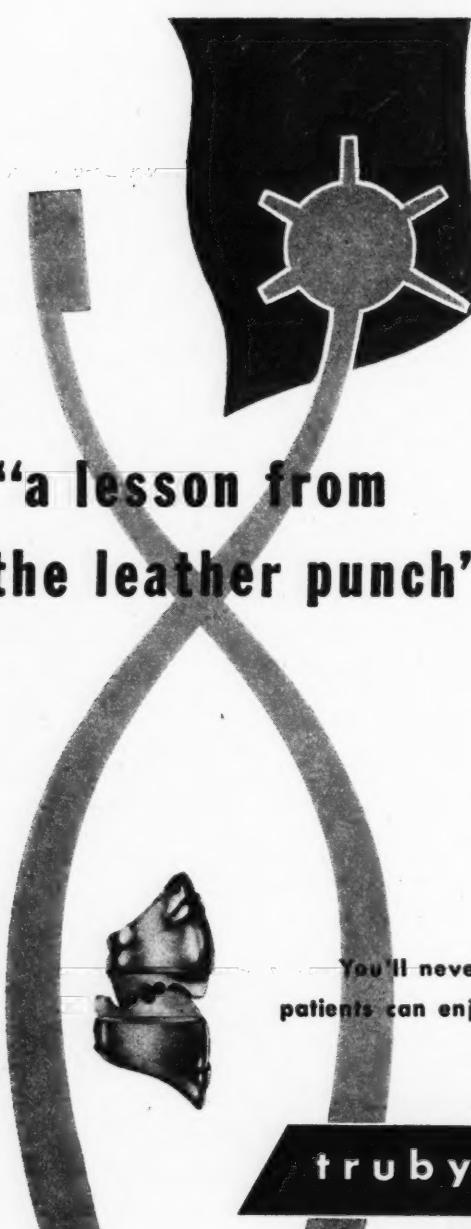
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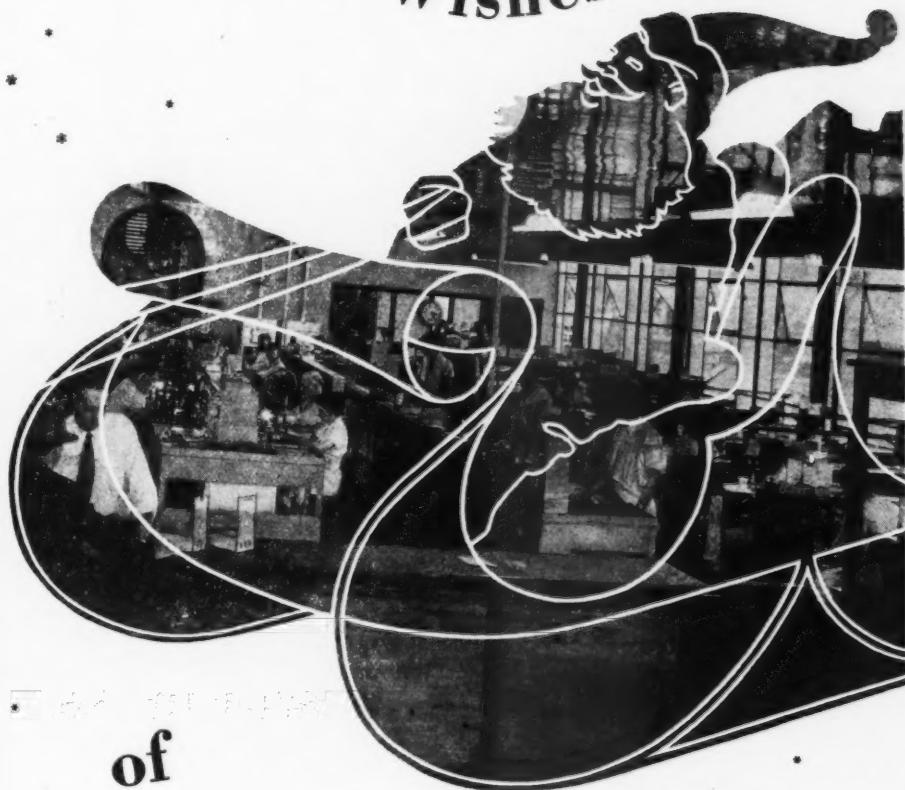
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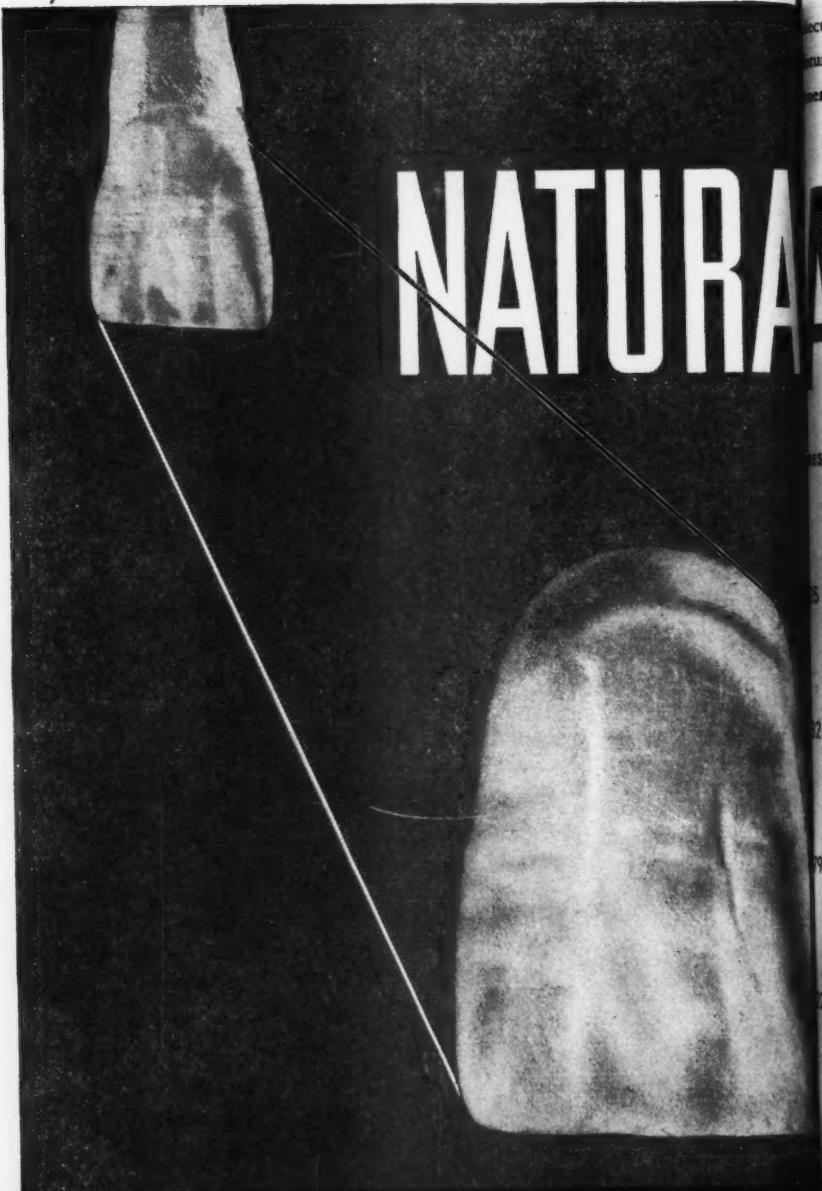
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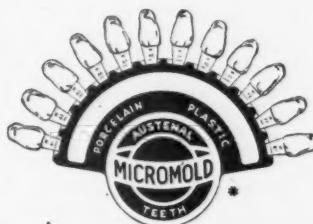
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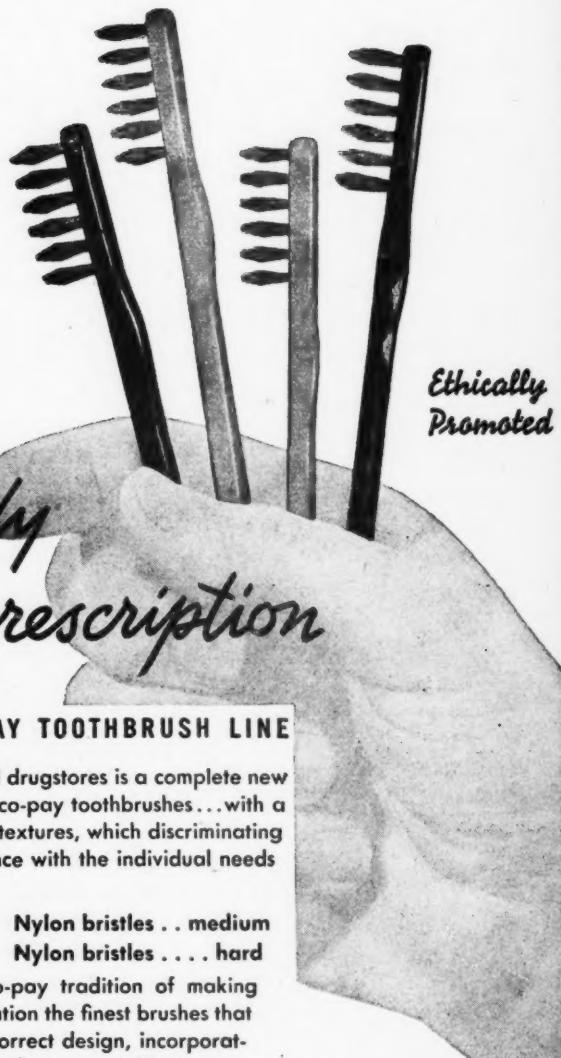
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